

<b>Case Number:</b>	CM15-0219877		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old male, who sustained an industrial injury on 1-18-13. The injured worker was diagnosed as having traumatic arthritis right shoulder; advanced right shoulder degenerative joint disease; lumbosacral sprain with underlying early multilevel disc degeneration. Treatment to date has included psychotherapy; medications. Diagnostics studies included x-ray right shoulder (7-1-15); MRI right shoulder (9-8-15). Currently, the PR-2 notes dated 10-28-15 is a Supplemental Report and indicated the injured worker was to undergo an authorized right total shoulder arthroplasty on 11-11-15. The provider documents "Postoperatively, he will be unable to use his right upper extremity for any activities of daily living including laundry, driving, cooking, procuring meals, and making meals for six-to-eight week period of time. He lives alone, has young children, and has no neighbor or friends that would facilitate in helping him with these critical items to sustain life. We are therefore asking for in-home health assistance with someone that can come in several hours a day, five-to-seven days a week for the first six weeks after his date of surgery. He also is unable to drive and will necessitate transportation to any of his follow-up visits and physiotherapy which will be initiated approximately the fourth postoperative week. Transportation will be needed for 6-8 weeks postop." A PR-2 note dated 5-14-15 indicates many "Activity Limitations" and ratings noting (J.) "The patient rates the pain level that interferes with his relationship with his family-partner-significant other as 3." Sleep Disturbance Questionnaire notes: "the patient states that pain and stress wake him up at night for at least three plus times. The patient does snore and his partner does complain about snoring. The patient does breathe through his mouth while sleeping." A

Request for Authorization is dated 11-9-15. A Utilization Review letter is dated 11-4-15 and modified the certification for Post-operative home health services 5-7 days a week for 6-8 weeks to allow a home health registered nurse evaluation. A request for authorization has been received for Post-operative home health services 5-7 days a week for 6-8 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Post-operative home health services 5-7 days a week for 6-8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home health services.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** According to guidelines, home health assistance are recommended only for otherwise recommended medical treatment for patients who are homebound and generally up to no more than 35 hours per week. In this case, the patient was undergoing a total shoulder arthroplasty. Postoperatively, the patient would be unable to use the right upper extremity. An evaluation to determine if the patient is in need of home health assistance and if so what level of care, the number of hours per visit and the number of visits per week should be determined by a home health nurse evaluation. The request for post operative home health services 5-7 days a week for 6-8 weeks is not medically appropriate and necessary.